

SARA A.B. FORSTER  
MATERIALS LICENSING BRANCH



TELECON & FAX TRANSMITTAL  
TO:           Matt Hulsey          

COMPANY:           Freeman Heart Clinic            
FACSIMILE:           (417) 347-6454          

NUCLEAR REGULATORY COMMISSION  
REGION III  
2443 WARRENVILLE ROAD  
LISLE, ILLINOIS 60532-4351  
(630) 829-9892   FAX: (630) 515-1078

# PAGES:   1   TEL. :           (417) 347-5000          

EMAIL:           mjhulsey@freemanhealth.com          

CONVERSATION RECORD		TIME	DATE
		1:00 pm	June 10, 2011
NAME OF PERSON(S) CONTACTED	TELEPHONE NO.	ORGANIZATION	
Matt Hulsey	(417) 347-5000	Freeman Heart Clinic	
REPRESENTED PERSON or PERSONS		ORGANIZATION	
David Zuehlke, M.D., Radiation Safety Officer		Freeman Heart Clinic	
SUBJECT			
License No.: 24-32315-01		Control No.: 575028	

**SUMMARY**

We have reviewed your requesting license renewal application and find that we are unable to continue this action until we have received information regarding the following:

The license renewal application submitted via facsimile on April 29, 2011, is incomplete. Please resubmit the application in its entirety, including a completed NRC Form 313 and information required as indicated in 10 CFR 35.24 and in NUREG 1556 Volume 9, Revision 2.

**RESPONSE:** The contact person indicated, via phone conversation on June 10, 2011, that the application would be resubmitted as requested. The resubmitted application was resubmitted via facsimile on June 13, 2011. However, that initial application lacked a signed NRC Form 313 and was still very deficient. A second deficiency call was placed in August and responded to in September 2011. The final response was sufficient to issue the renewal. No additional response is required.

We have requested that you submit the referenced items--

- Signed NRC Form 313
- Responses to Form 313 Items 9, 10 & 11 according to NUREG 1556, Volume 9, Rev. 2; and
- Information required under 10 CFR 35.24

-- via facsimile, to (630) 515-1078. Please reference the Control No. 575028, as listed at the top of this memo.

**For future reference, please always include the name, phone number and fax number of at least one person whom we may contact for additional information when reviewing your licensing correspondence and requests.**

Please submit the requested information within   10   days of this record. **Include reference control number 575028, Please FAX your response to my attention at (630) 515-1078.** You may also scan your response and send to me via email, as a pdf file.

Please direct any questions you have to me at **(630) 829-9892** or **sara.forster@nrc.gov**.

NAME OF PERSON DOCUMENTING CONVERSATION	SIGNATURE	DATE
Sara A.B. Forster	<i>Sara A.B. Forster</i>	10/18/2011